| Effective December 8, 2004 | | | | | | | | 101 | 1 | <u> </u> | 1108 |
|---|---|---------------|---------------------------------------|------------------|------------------|---------|--------------------|-------------------------|------------|--------------------|--------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | SMALL E | NTWY | OR | | NAHT F | |
| TOTAL CLAIMS | | | | | | | RATE | FEE |] · | RATE | FEE |
| FOR | | MUIABER FILEO | | Marie | ER EXTRA | | BASICFE | 70.5 | JOR | BASIC FEE | |
| TOTAL CHARGEAULE CLAIMS | | minus 20= | | • | | | X\$ 25: | , | OR | X\$50= | |
| INDEPENDENT CLAMAS | | ninus 3 = | | | | | X100= | | OR | X200 • | · |
| MULTIPLE DEPENDE | TINGE | | | | | 1100= | | QA | ·360· | | |
| * If the difference in column t is less than zero, enter "0" in column 2 | | | | | | _ (| JATOL | 1 | . | TOTAL | |
| CLAIMS AS AMENDED - PART II / 36 6 (Column 1) (Column 2) (Column 3) | | | | | | 7: | SMALL | ERRITY | ~\JR_ | OTHER SMALL | |
| A UE | CLAIMS ENÁIMBIG AFTER ENOLLEMI | | HIGHE HUMB PREVIO PAID F | ST EA USLY | DUUT BUEZEHI | | RATE | ADDI- TIONAL FEE | | RATE , | ADDI. TIONAL FFE |
| Total . | | Minus | 7 | 9 | , | | X\$ 25= | | OR | X\$50= | |
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| - Prinst Prieser and Control of the | | | | | | - | +180= | | OR | ·360= | -; : |
| 102/12/07 100/mm 1) (Column 2) (Column 3) 100/mm 1) (Column 3) | | | | | | L K | TOTAL | | OR , | TOTAL NOOIL FEE | |
| 02/10/ | olumn 1) | | (Colum | | (Column 3) | ı | | | , , | | |
| | LANGUING LANGUING AFTER ENGINENT | | HIGHE · NUUB · PREVIOU PAID F | ER USUT | PRESENT | | .RATE_ | ADDI: TIONAL. FEE | | . RATE | ADDI- TICNAL . FEE |
| Joisi / | 1/2 | dinus | -21 |) | .0 | | X\$ 25= | | OR | X\$50= · | |
| Independent . | . 7 | Minus | S | 2 0 0 1 4 | 0 | | X100= | • | OR | X200= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | ۱, | +180= | | OR | 4360≖ | |
| · | | | | | | ~ | TOTAL DOIT, FEE | | OR , | TOTAL DOIL FEE | O |
| (00 | ــ ا | | | _ | | | | | | | |
| 6/107 "E | MAINENG NETER NOMENT | | HIGHE 1/JA:01 PREVIOL PAD FI | ER JSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FE: |
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| Independent | – | Ainus | -3 | | , [| - | X100: | / | OR | X200: | 200 |
| A LINST PRESENTATION OF HULTIPLE DEPENDENT CLAIM | | | | | | | 1100: | / | Où | 1360. | - |
| | | • | | | • | L | | | ر | | 200,00 |
| · | | | | | | | | | | (p | d) |

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